

**DATE**

11/29/22

**PRESENTING CLINICAL SIGNS**

Presenting Complaint: Not drinking. Not Eating. Vomiting. Not defecating.

History: Date: 11-28-2022 Notes: Was lethargic over the weekend This am eating normally 230p: owner found vomit every where - was food - had another episode of vomiting outside Has been vomiting after drinking Has now not been interested in eating. Stomach was making gurgling noises. Known eater of things - has had 2 prior FB procedures Did have a bit of liquid stool.

**PATIENT**

Boomer Lockerman

Assessment: Vomiting. Hyporexia.

Current Medications: Provable Kit - Med/Large – probiotic, Buprenorphine 0.6mg/mL, Metronidazole 5mg/mL Injection,

**SPECIES**

Canine

Pantoprazole (Protonix) 40mg/vial injection, Buprenorphine 0.6mg/mL.

Lab Results: Attached.

Radiographs: Repeat xray ~9am: Stomach small, gas moved to colon- more opaque material - cannot tell if colon vs pylorus

**BREED**

Mix

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Neutered male

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

2020

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

**WEIGHT**

53.3 lbs

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.36 cm. The right kidney measured 6.2 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.0 x 0.64 cm at the caudal pole and 0.56 cm at the cranial pole. The right adrenal gland measured 2.75 x 0.9 cm at the cranial pole and 0.64 cm at the caudal pole.

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**INVOICE**

42773

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy

was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### ***Gastrointestinal***

The upper **gastrointestinal tract** was empty, yet minor thickening was present. The small intestines appeared normal. The cecum was dilated at the ileocecal junction. The colon was significantly dilated. A mesenteric lymph node was enlarged and measured 6.0 x 1.7 cm with irregular contour. Epigastric lymph node was reactive and measured 1.83 x 0.8 cm.

### ***Pancreas***

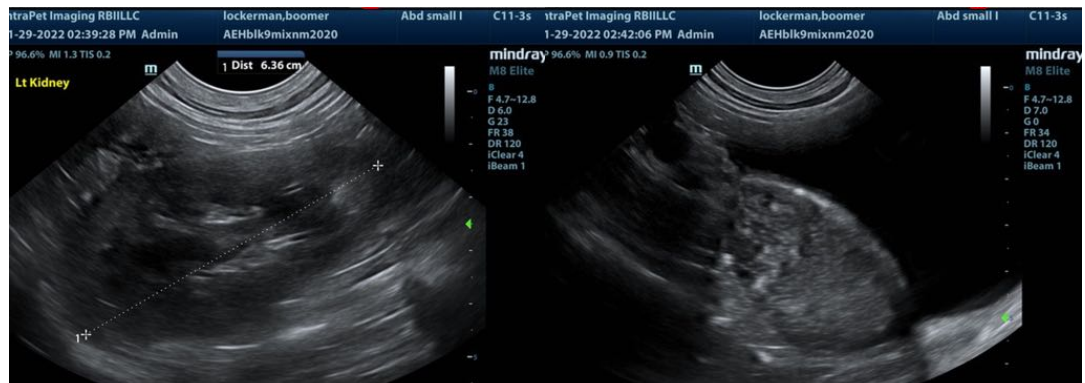
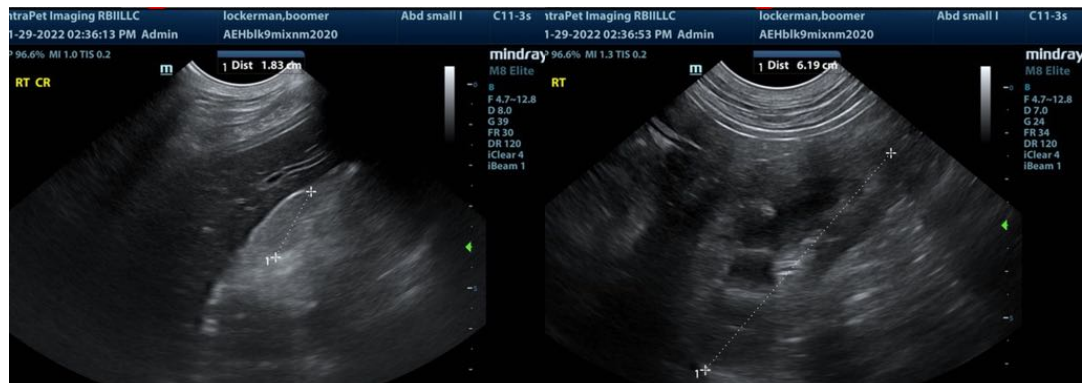
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

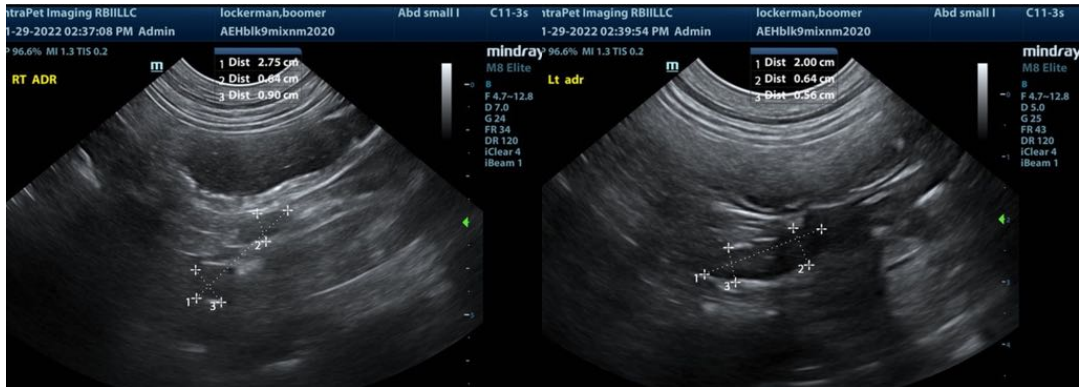
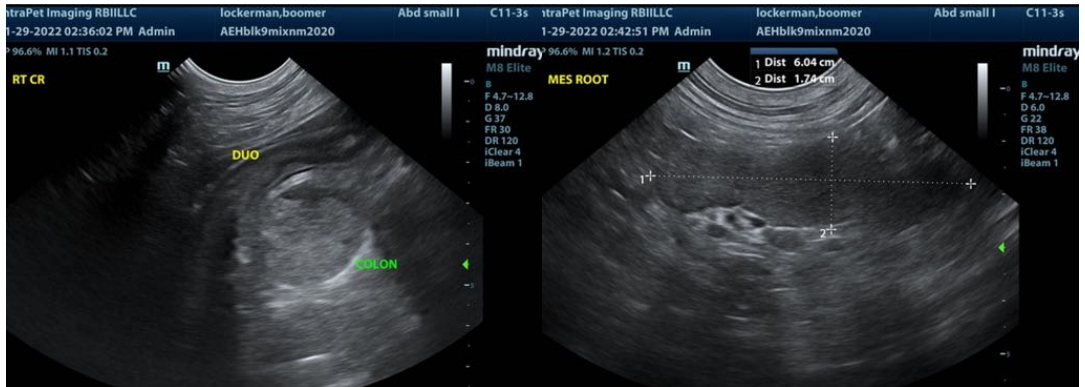
### **ULTRASONOGRAPHIC FINDINGS**

Mesenteric and slight epigastric lymphadenopathy, reactive pattern.  
IBD GI pattern with colonic dilation.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care for enterocolitis s indicated with FNA, cytology and culture of the mesenteric lymph nodes.







**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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